

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH				State File No. <u>77</u>	
County <u>Apache</u>		State <u>Ariz.</u>		Registered No. <u>77</u>	
District or Township <u>St. Johns</u>		or Village		or	
City <u>St. Johns</u>		No. <u>77</u>		St. <u>77</u> Ward	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>Thinnie Lee Duke</u>					
(a) Residence. No. <u>15</u> yrs. mos. ds. (Usual place of abode) St. <u>77</u> Ward <u>77</u> (If non-resident, give city or town and State)					
Length of residence in city or town where death occurred <u>15</u> yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>F</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Married</u>			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>B. Y. Duke</u>					
6. DATE OF BIRTH (month, day and year) <u>Mar 26-1870</u>					
7. AGE	Years <u>56</u>	Months <u>11</u>	Days <u>25</u>	IF LESS than 1 day <u>hrs.</u> or <u>min.</u>	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Housewife</u>					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) <u>Robt. John</u> (State or country) <u>Alabama</u>					
10. NAME OF FATHER <u>William D. Whitted</u>					
11. BIRTHPLACE OF FATHER <u>Robt. John</u> (city or town) (State or country) <u>Alabama</u>					
12. MAIDEN NAME OF MOTHER <u>Geraldine Finley</u>					
13. BIRTHPLACE OF MOTHER <u>Alabama</u> (city or town) (State or country)					
14. Informant <u>B. Y. Duke</u> (Address) <u>St. Johns Ariz</u>					
15. Filed <u>Mar 28 27</u> <u>Martin Jensen</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>Mar 21 1927</u> Month <u>Mar</u> Day <u>21</u> Year <u>1927</u>					
17. I HEREBY CERTIFY, That I attended deceased from <u>Mar 19 1927</u> to <u>Mar 21 1927</u> that I last saw him alive on <u>Mar 21 1927</u> and that death occurred, on the date stated above, at <u>743</u> m. The CAUSE OF DEATH* was as follows: <u>Abdominal injuries from automobile collision</u>					
18. Where was disease contracted (duration) yrs. mos. ds. <u>1 1/2</u> ds. <u>Fractured clavicle Throat</u>					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>St. Johns Ariz</u> DATE OF BURIAL <u>Mar 23 27</u>					
20. UNDERTAKER <u>H. C. Orrison</u> ADDRESS <u>St. Johns Ariz</u>					